PLEASE READ	ALL INSTRUCTION	S BEFORE (COMPLET	ING THIS FORM		
APPLICATION						
FOR	Katherine I		· · · · · ·			
REINSTATEMENT	Secretary of	•				
DOCUMENT #= DIVISION OF CORPORATIONS						
1. Corporation Name			99 DEC 23 AM 9: 17			
Town Agency			•			
Trank HSSOCIAtes 11 AVEL 11/0-17,			,	SEGRETARY 01 TALLAHASSEE.	STATE	
Principal Place of Business Mailing Address			-	ייים בייוואטטבני	FLUKIDA	
400-415 STreet			· 、.		4-	
HIAMI BEACH D				,		
33140	33140					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				·		
Suite, Apt. #, etc.	, A.			4. Date Incorporated or Qualified To Do Business in Florida Aug. 1982		
	ошю, дрт. v , etc.			1109.	Applied For	
City & Stafe	City & State		59.2	29-4060	Not Applicable	
Zip Country	Country Zip Country		6. CERTIFICATE	OF STATUS DESIRED \$8.75	Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s) 1 Name of Officers and/or Directors 2 Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 4						
	50170	2 iod 2 iod	umbers)	4	'	
ME. MARILYN tr	ANK 400-4	151 Stree	T	MIAMI BEACH	FL 33,40	
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9						
AN SEED BY BROSED						
27 1 2 2 2 1 2 2 2 2 2 2 2	the first track of the control of the control of			-01/04/00010	181 <u>-021</u>	
Name and Address of Current Registered Agent					**1050.00	
Name			9. Name and Ad	dress of New Registered Age	nt	
MARILYN FRANK			D. Box Number is	Not Acceptable)		
Suite A			3000000000000			
HOO-HIST STREET					181022	
UIAM BEACH FZ 33110 City State Zip Code #3.75 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of hy	named corporation, am familiar wit	th and accept the obli	gations of Section	607.0505, F.S.		
Registered Agent	SISTERED AGENT MIST SIGN			Date /2/13/	199	
11. This corporation owes the current year						
Intangible Personal Property Tax due June 30. Yes No No (See other side for information on intangible tax.)						
2. I certify that I am an officer or director or the receiver or trustee empowered to execute this analysis and						
2. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated						
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						
SIGNATURE: Marchy Shark Area 12/13/99 305-868-8321						
SIGNATURE AND TYPED OBJERINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Daytime Phone #						